

Pastoral Counseling Services

JBLM Chaplain Family Life Center
253-967-1723

This handout provides information about the pastoral counseling procedures of the Chaplain Family Life Center (CFLC). Please read it and refer to it again at home. You are encouraged to discuss any topic on this form, or any other aspects of your counseling experience, directly with your pastoral counselor.

Office Hours. By appointment.

Confidentiality. All consultations between you and your pastoral counselor, and any records concerning you, are considered privileged communication. You can be certain that the most rigid professional guidelines will prevail in the handling of your case information. All case files will be safeguarded and will not be released unless directed by you in writing, or if directed by a court of law. You will be provided a separate form on confidentiality and a release of information to read and sign with your counselor. Your care and confidentiality are always our highest priority.

Relations with Other Professional Persons. If you were referred by another professional person (a chaplain, counselor, social worker, physician, or chain of command), that person will not have access to your case information without your written permission. You will be asked to sign a release form if you wish any communication to occur with this person or agency.

Appointments. Your scheduled appointment is a time specifically set aside for you. If you are unable to keep an appointment, please call the CFLC at least 24 hours in advance.

Office Visits. The length of counseling sessions is normally 50 minutes. It is important that the sessions begin and end at the designated times. Sessions cannot be extended, even if you arrive late, since other persons will be waiting for their scheduled appointment time.

Cell Phones. We ask that you please turn off your cell phone before each appointment. Please let the counselor know if duty demands that you remain reachable during session.

Children. We do not provide care for your children during counseling. Young children can be disruptive to clients, so we ask that you do not bring children unless they are receiving counseling themselves.

Availability for Emergencies. If any emergency arises, you may call the CFLC during duty hours at 253-967-1723. After duty hours, you are urged to call your unit chaplain, or the On-Call Duty Chaplain who can be reached at 253-967-0015. All health problems should be reported directly to your medical or emergency care facility. Professional ethics do not allow us to provide counseling over the telephone, except to assist with emergencies and to schedule your next appointment.

Billing and Fees. There are no fees for counseling services at the CFLC. Counseling is provided as a benefit to you as a Soldier, Family Member, or military ID card holder.

Public Encounters. Your confidentiality as a client at the CFLC is very important. You may encounter your counselor in a public arena such as the PX, commissary, etc. In every situation, your counselor will not initiate any friendly conversation other than a polite "hello." Any additional conversation or acknowledgement to others present that you know will need to be initiated by you. This also applies to the staff assistants who work in the CFLC, since they may also know you outside the counseling environment. Please do not address counseling issues or appointments with them outside the CFLC.

Termination. Your pastoral counseling in the CFLC is strictly voluntary and may be terminated at your discretion. However, it is important for you to discuss with your counselor any decision you make to discontinue your sessions; please do not end counseling by failing to show for appointments. If you terminate counseling and later decide to return, simply call the CFLC and schedule a new appointment.

Informed Consent

PRIVACY ACT STATEMENT

1. The authority for soliciting this information comes from 10 USC 3012.
2. The purpose for soliciting this information is to provide the chaplain or pastoral counselor personal information to assist in the pastoral counseling you are seeking.
3. The information you provide will be maintained under strict professional guidelines at the Chaplain Family Life Center (CFLC) until the supervisor releases it to be destroyed.
4. Providing the information is voluntary. There will be no adverse effect on you for not furnishing the information. However, failure to provide certain information might hinder the chaplain or pastoral counselor in providing you the most effective pastoral care.

Initials _____

CHIEF OF CHAPLAINS CONFIDENTIALITY POLICY

This center complies with the **Chief of Chaplains Policy for Confidential and Privileged Communications as stated in paragraph 16-2 of AR 165-1**. All information you disclose to your pastoral counselor, or any other staff member of the CFLC, is considered to be a religious act and therefore confidential. Confidential information between you as the counselee, and your pastoral counselor, is considered privileged communication for legal purposes. Privileged or Confidential communication will only be released to third parties with your voluntary decision to do so, and will not be released without written consent from you. The pastoral counselors and staff of the CFLC are absolutely committed to protecting your confidentiality.

Initials _____

I have read, understand, and consent to this Privacy Act Statement and Chief of Chaplains Confidentiality Policy.

SIGNATURE _____

DATE _____

COUNSELOR SIGNATURE _____

DATE _____

Counseling Background Form

General Information

Status: ☐ Sponsor ☐ Spouse

Last name _____ First name _____ MI _____

Preferred name _____ Sex (M/F) _____ Age _____ Date of birth _____

Street address _____
(street) (city) (state & zip)

Unit/place of employment _____ Length of time _____

Dual military (Y/N) _____

Years of Service _____ Rank _____ MOS _____

	Preferred	Ok to leave message?
Cell phone _____	<input type="checkbox"/>	<input type="checkbox"/>
Home phone _____	<input type="checkbox"/>	<input type="checkbox"/>
Work phone _____	<input type="checkbox"/>	<input type="checkbox"/>
Email address _____		<input type="checkbox"/>

Family members:

Name	Age	Gender	Relationship	Living in the Home (Y/N)

Is there anyone else living in the home? _____

How long have you been at JBLM? _____ List dates of any deployments _____

Who referred you to the Family Life Center? _____

Highest level of education completed: ☐ High School ☐ College degree ☐ Graduate degree
☐ Professional training ☐ Other _____

Marital Status: ☐ Never Married ☐ Living together ☐ Married ☐ Separated ☐ Divorced ☐ Widowed

Date of marriage _____ How long did you date? _____

Please list dates of any previous marriages _____

Health Information

Rate your health: _____ Very Good _____ Good _____ Average _____ Declining

Current medications that you are taking _____

Weight changes recently: _____ Lost _____ Gained _____ No change

Do you drink alcoholic beverages? _____ If so, how often? _____

Have you ever seen a therapist? _____ If yes, please explain: _____

Do you have problems sleeping? _____ If yes, please explain: _____

Have you recently experienced the loss of someone close to you? _____ If yes, please explain: _____

Family History

Were you raised by someone other than your parents? _____

Are your parents still living? (Y/N) Mother _____ Father _____

Are your parents divorced? _____

Rate your parent's marriage: _____ Happy _____ Average _____ Unhappy

Rate your childhood life: _____ Happy _____ Average _____ Unhappy

How many brothers and sisters do you have? _____

Spiritual

Religious preference: _____

My faith gives me hope: ☐ Strongly Agree ☐ Agree ☐ Undecided ☐ Disagree ☐ Strongly Disagree

How important is your faith in guiding your actions?

☐ Very Important ☐ Important ☐ Moderately Important ☐ Unimportant

Counseling Concerns (Please be specific)

What is the nature of the problem that you are experiencing? _____

What actions have you taken to address the problem? _____

What are your expectations from counseling? _____

Is there any other information that we should know? _____
